

Page one is to be completed
by the employee.



**IOWA CAPITOL COMPLEX
PARKING/BUILDING ACCESS APPLICATION**



1. ☐ CARD REQUEST 2. ☐ REPLACEMENT CARD 3. ☐ CHANGE OF ACCESS 4. ☐ DELETE
5. ☐ NEW DECAL 6. ☐ OTHER _____

EMPLOYEE INFORMATION

7.
FIRST NAME
8.
MIDDLE NAME
9.
LAST NAME
10.
SOCIAL SECURITY
11.
DATE OF BIRTH
12. ☐ MALE ☐ FEMALE
13.
DEPARTMENT/BRANCH
14.
DIVISION
15.
BUILDING/OFF COMPLEX
16.
JOB TITLE
17.
EMPLOYEE PHONE
18.
HOME/ALTERNATE PHONE
19.
E-MAIL ADDRESS

SUPERVISOR INFORMATION

20.
SUPERVISOR NAME
21.
SUPERVISOR JOB TITLE
22.
SUPERVISOR OFFICE PHONE

TEMPORARY EMPLOYEE/VENDOR INFORMATION

23. ☐ Temporary Employee – Expiration Date:
24. ☐ Board/Commission Member – Term Expires:
25. ☐ Vendor/Contractor – Expiration Date:

<input type="text"/>
<input type="text"/>
<input type="text"/>

26.
VENDOR/CONTRACTOR COMPANY
27.
ON-COMPLEX CELL / PAGER / ALTERNATE

VEHICLE INFORMATION

28. Check Action	29. Plate #	30. Make	31. Model	32. Year	33. Color	Decal #	Decal Color
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							

***Page two is to be completed by the employee's
Access Coordinator and supervisor.***

COMPLEX BUILDING ACCESS

36. Building 37. Work Hours 38. Level(s) 39. Agency Supervisor Intl. 40. Access Coord. Intl.

41. If you require access during hours other than 7:00 a.m. – 5:00 p.m. Monday through Friday, an explanation is required.
If you require access to more than one building or agency, please list them below.

Employee's Supervisor's Comments:	Employee's Access Coordinator Comments:

42. Agency Supervisor Intl. 43. Access Coord. Intl. 44. Agency Supervisor Intl. 45. Access Coord. Intl.

46. Employee's Supervisor's Signature 47. Agency Access Coordinator's Signature

48. SPECIAL APPROVAL BUILDING ACCESS / RESTRICTED PARKING LOTS	
<input type="checkbox"/> Governor's Office <input type="checkbox"/> Judicial Branch <input type="checkbox"/> South Senate Elevator	<input type="checkbox"/> Lot #9 <input type="checkbox"/> Lot #13 <input type="checkbox"/> Lot #10 <input type="checkbox"/> Lot #14 <input type="checkbox"/> Lot #11

49. Special Approval/Restricted Parking Signature 50. Special Approval/Restricted Parking Signature

51. Employee's Supervisor's Comments:

52. Post 16 Office Use Only:		Additional Comments:
Employee Number: _____ Card Number: _____	DPS Intl: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	